

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011217 (3)

1. Corporation Name

TECHNOLOGY DEVELOPMENT INTERNATIONAL ELECTRONIC
CORPORATION



Principal Place of Business 1857 NW 109 AVE PLANTATION FL 33322	Mailing Address 1857 NW 109 AVE PLANTATION FL 33322-3417
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3. Date Incorporated or Qualified 02/08/1995	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0568126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent QUANG LAM 1857 NW 109 AVE PLANTATION FL 33322	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	DELETE <input type="checkbox"/>	21 TITLE	22 NAME
TITLE	NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
NAME	STREET ADDRESS	31 TITLE	32 NAME
CITY - ST - ZIP	DELETE <input type="checkbox"/>	33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
NAME	STREET ADDRESS	43 STREET ADDRESS	44 CITY - ST - ZIP
CITY - ST - ZIP	DELETE <input type="checkbox"/>	51 TITLE	52 NAME
TITLE	NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
NAME	STREET ADDRESS	61 TITLE	62 NAME
CITY - ST - ZIP	DELETE <input type="checkbox"/>	63 STREET ADDRESS	64 CITY - ST - ZIP

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I changed, or on an attachment with an address.

SIGNATURE: _____ 01-27-97 954-476-4488
(Signature: typed or printed name of signing officer or director)

CR2E034 (9/96)